

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021847

STATE FILE NUMBER 3003

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		Length of stay in lb 7 days	d. STREET ADDRESS (If outside, give location) 927 McGee
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Bertha CORSON			4. DATE OF DEATH Month Day Year June 14 1958		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 15-	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) RUSSIA	12. CITIZEN OF WHAT COUNTRY? U.S. A.	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Louis CORSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. -		17. INFORMANT Morrie CORSON Address 927 McGee	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 16 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Coronary Thrombosis				16 days
DUE TO (c) Coronary atherosclerosis				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus - mild.			19. WAS AUTOPSY PERFORMED? 4201 Referred 2	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION KANSAS CITY	COUNTY JACKSON	STATE MISSOURI
21. I attended the deceased from June 7 th 1958 to June 14, 1958 and last saw her alive on June 14, 1958 Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Carl R. Ferris (Degree or title) M.D.		22b. ADDRESS 535 Aggle Bldg. Kansas City Missouri		22c. DATE SIGNED June 15, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/15/58	23c. NAME OF CEMETERY OR CREMATORY KENT	23d. LOCATION (City, town, or county) (State) Philadelphia PA.
24. FUNERAL DIRECTOR J.P. Louis	ADDRESS 3400 Woodland	25. DATE RECD. BY LOCAL REG. 6-15-58	26. REGISTRAR'S SIGNATURE Helen Minshall

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

An embolmer's signature must be manually retained.

Carl R. Ferris



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *Henry Ruffington*

Licensed Embalmer No. *272e*

P. O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.